

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW
Suite 590
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2010 in the State of IL
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 10 20 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	517795.47									
(c) Total Receipts (from Line 19)	30950.00	479653.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	548745.47	867060.60								
7. Total Disbursements (from Line 31)	22515.00	340830.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	526230.47	526230.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27800.00	387736.00
(ii) Unitemized	3150.00	91917.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30950.00	479653.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30950.00	479653.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30950.00	479653.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30950.00	479653.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.00	1639.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.00	1639.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	338780.68
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	410.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22515.00	340830.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22515.00	340830.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	30950.00	479653.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30950.00	479653.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	1639.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	1639.35

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) E Evan Baker, Dr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address Dept of Path 815 Freeport Rd	Transaction ID: SA11AI.39143
	City State Zip Code Pittsburgh PA 15215-3301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UPMC-St. Margaret Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr.	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address Dept of Path 855 N Westhaven Dr	Transaction ID: SA11AI.39146
	City State Zip Code Oshkosh WI 54904	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Aurora Med Ctr of Oshkosh Inc Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Wray Alfred Campbell, Dr.	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address Dept of Path 101 E Wood St	Transaction ID: SA11AI.39148
	City State Zip Code Spartanburg SC 29303	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Spartanburg Regional Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
G. Alvaro Candel, Dr.

Mailing Address Dept of Pathology
200 Berteau Avenue

City Elmhurst State IL Zip Code 60126-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Elmhurst Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11AI.39149

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
R Brian Carlson, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City Hermitage State TN Zip Code 37076

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathologists Laboratory, PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.39150

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
L Timothy Cole, Dr.

Mailing Address Dept of Path
421 S 28th Ave Ste 310

City Hattiesburg State MS Zip Code 39401-7208

FEC ID number of contributing federal political committee. **C**

Name of Employer Hattiesburg Clinic, PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.39156

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) M James Crawford, Dr.	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address Dept of Path and Lab Med 10 Nevada Drive	Transaction ID: SA11AI.39158
	City State Zip Code Lake Success NY 11042-1114	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Shore LIJ Core Lab Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) H David Cresson, Dr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 1914 Thomson Dr	Transaction ID: SA11AI.39160
	City State Zip Code Lynchburg VA 24501-1009	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pathology Consultants of Central VA Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) W Abby Davis, Dr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 1001 S George St	Transaction ID: SA11AI.39164
	City State Zip Code York PA 17403-3676	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer unaffiliated Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Sandra Ewaskow

Mailing Address 1280 116th Ave NE Ste 100

City Bellevue State WA Zip Code 98004-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastside Pathology Inc, PS Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2010

Transaction ID: SA11AI.39170

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
T. Noel Florendo, Dr.

Mailing Address 1211 Union Ave Ste 300

City Memphis State TN Zip Code 38104-6655

FEC ID number of contributing federal political committee. **C**

Name of Employer Duckworth Pathology Group Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2010

Transaction ID: SA11AI.39172

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
F. Alan Frigy, Dr.

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City Decatur State IL Zip Code 62521-2521

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 05 / 2010

Transaction ID: SA11AI.39173

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
E Jack Garon, Dr.

Mailing Address Dept of Path
1500 S Calif Ave

City Chicago State IL Zip Code 60608-1797

FEC ID number of contributing federal political committee. **C**

Name of Employer Mt Sinai Hosp Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2010
Transaction ID: SA11AI.39174
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Don Humphrey Germaniuk, Dr.

Mailing Address 2931 Youngstown Rd SE

City Warren State OH Zip Code 44484

FEC ID number of contributing federal political committee. **C**

Name of Employer Trumbull Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2010
Transaction ID: SA11AI.39175
Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Paul Christopher Golembeski, Dr.

Mailing Address 1255 W Washington St

City Tempe State AZ Zip Code 85281-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonora Quest Laboratories Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2010
Transaction ID: SA11AI.39178
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
R. Richard Gomez, Dr.

Mailing Address Department of Pathology
1500 SW 10th St

City State Zip Code
Topeka KS 66604

FEC ID number of contributing federal political committee. **C**

Name of Employer Stormont-Vail Reg Health Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39179

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A Patricia Gregg, Dr.

Mailing Address Dept of Path
1601 Watson Blvd

City State Zip Code
Warner Robins GA 31093-3431

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeastern Pathology Associates
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39182

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
S. Thomas Haas, Dr.

Mailing Address Department of Pathology
1000 Mineral Point Ave

City State Zip Code
Janesville WI 53548

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39183

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Forbes John Hamilton, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 1 0		
	Mailing Address Department of Pathology 4440 West 95th Street		Transaction ID: SA11AI.39184		
	City Oak Lawn	State IL	Zip Code 60453	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advocate Christ Medical Center		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) M Michelle Hebert, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 1 0		
	Mailing Address 500 Medical Center Blvd Ste 360A		Transaction ID: SA11AI.39187		
	City Conroe	State TX	Zip Code 77304	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baylor Pathology Laboratory		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) Carl Andrew Hoot, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 3501 S Soncy Rd		Transaction ID: SA11AI.39190		
	City Amarillo	State TX	Zip Code 79119-6407	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amarillo Pathology Group LLP		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
S Bharati Jhaveri, Dr.

Mailing Address 1312 Woods Farm Ln

City State Zip Code
Springfield IL 62704-6431

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39191

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
M. Darlene Lee, Dr.

Mailing Address 1200 N Beaver

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee. **C**

Name of Employer Flagstaff Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39195

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
A. Joe Lewis, Dr.

Mailing Address Lab
600 Elizabeth St

City State Zip Code
Corpus Christi TX 78404

FEC ID number of contributing federal political committee. **C**

Name of Employer Christus Spohn Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39197

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
J. Michael Mitchell, Dr.
Mailing Address 89 Puritan Rd
City State Zip Code
Newton MA 02468-1705
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UMass Mem Hlth Care Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 / 05 / 2010
Transaction ID: SA11AI.39198
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
S. Thomas Namiki, Dr.
Mailing Address Department of Pathology
1301 Punchbowl St
City State Zip Code
Honolulu HI 96813
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Queens Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 / 04 / 2010
Transaction ID: SA11AI.39201
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
G. John Newby, Dr.
Mailing Address Dept of Pathology
11110 Medical Campus Rd Ste 230
City State Zip Code
Hagerstown MD 21742-6727
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Washington County Health System Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 10 / 05 / 2010
Transaction ID: SA11AI.39202
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
M Patricia Novak, Dr.

Mailing Address 7417 Fen Ridge

City State Zip Code
Clarkston MI 48348-4366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
William Beaumont Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39203

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
James Ogburn

Mailing Address 134 Rosedale Dr

City State Zip Code
Athens TX 75751-3625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eastern Texas Path Labs Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39204

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
D John Olson, Dr.

Mailing Address Dept of Pathology
7703 Floyd Curl Dr

City State Zip Code
San Antonio TX 78229-3900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UTHSC at San Antonio Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39205

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
C James Quigley, Dr.

Mailing Address 2750 Clay Edwards Dr
Ste 420

City State Zip Code
North Kansas City MS 64116-3258

FEC ID number of contributing federal political committee. **C**

Name of Employer MAWD Pathology Group PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39207

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Anthony John Riccio, Dr.

Mailing Address 17 Lansing St

City State Zip Code
Auburn NY 13021-1943

FEC ID number of contributing federal political committee. **C**

Name of Employer Auburn Memorial Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39211

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. Stanley Robboy, Dr.

Mailing Address Department of Pathology
DUMC-3712

City State Zip Code
Durham NC 27710-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke Univ Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39212

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) G Denise Ross, Dr.		Date of Receipt MM / DD / YYYY 10 / 13 / 2010	
	Mailing Address 1404 Blue Heron Rd		Transaction ID: SA11AI.39213	
	City	State	Zip Code	Amount of Each Receipt this Period
	Virginia Beach	VA	23454	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Virginia Beach Ho-sp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) G Wilson Russell, Dr.		Date of Receipt MM / DD / YYYY 10 / 13 / 2010	
	Mailing Address Dept of Path 3333 Silas Creek Pkwy		Transaction ID: SA11AI.39214	
	City	State	Zip Code	Amount of Each Receipt this Period
	Winston Salem	NC	27103-7103	600.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Forsyth Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

C.	Full Name (Last, First, Middle Initial) M John Salmon, Dr.		Date of Receipt MM / DD / YYYY 10 / 05 / 2010	
	Mailing Address 144 Beacon Hill Pl		Transaction ID: SA11AI.39215	
	City	State	Zip Code	Amount of Each Receipt this Period
	Lynchburg	VA	24503-4128	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Consultants of Central VA		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
O David Scamurra, Dr.
Mailing Address 2950 Elmwood Ave
City Kenmore State NY Zip Code 14217
FEC ID number of contributing federal political committee. **C**
Name of Employer X-Cell Labs of Western New York Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 05 / 2010
Transaction ID: SA11AI.39216
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
W Ross Simpson, Dr.
Mailing Address Lab 6500 Excelsior Blvd
City Saint Louis Park State MN Zip Code 55426-4702
FEC ID number of contributing federal political committee. **C**
Name of Employer Park Nicollet Health Svcs Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 08 / 2010
Transaction ID: SA11AI.39220
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
James Matthew Snyder, Dr.
Mailing Address Pathology Dept 3000 New Bern Ave
City Raleigh State NC Zip Code 27610-1231
FEC ID number of contributing federal political committee. **C**
Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 10 / 05 / 2010
Transaction ID: SA11AI.39223
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
E Maureen Trotter, Dr.
Mailing Address 11 Cypress Point St
City Abilene State TX Zip Code 79606-5130
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 10 / 13 / 2010
Transaction ID: SA11AI.39224
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
H Gail Walker, Dr.
Mailing Address 1354 Drakie Ct
City Lilburn State GA Zip Code 30047
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory Eastside Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 13 / 2010
Transaction ID: SA11AI.39226
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
L. Ronald Weiss, Dr.
Mailing Address Dept of Pathology 500 Chipeta Way
City Salt Lake City State UT Zip Code 84108-4108
FEC ID number of contributing federal political committee. **C**
Name of Employer ARUP Clinical Laboratories Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 05 / 2010
Transaction ID: SA11AI.39230
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr.		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 1911 1st Ave SE		Transaction ID: SA11AI.39233		
	City Cedar Rapids	State IA	Zip Code 52403	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Weland Clinical Lab PC	Occupation Pathologist	Aggregate Year-to-Date 1000.00		

B.	Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 1001 S George St		Transaction ID: SA11AI.39235		
	City York	State PA	Zip Code 17403-3676	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer York Hosp	Occupation Pathologist	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Changao Yang		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 3020 Old Ranch Pkwy Ste 300		Transaction ID: SA11AI.39237		
	City Seal Beach	State CA	Zip Code 90740-2751	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sterling Pathology Med Co-rp	Occupation Pathologist	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	27800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB21B.39250	
	Mailing Address P.O. Box 85024		Date of Disbursement 10 / 05 / 2010	
	City Richmond	State VA	Zip Code 23285	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement MONERIS ACH FEE		Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE

Full Name (Last, First, Middle Initial)

Mailing Address 2501 WISCONSON AVE, NW #304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: SB23.39242

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

B. HOYER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 4201 Northview Drive Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: MD District: 05

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: SB23.39246

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

C. MAJORITY COMMITTEE PAC--MC PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: SB23.39247

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) MARY'S PAC	Transaction ID: SB23.39241 Date of Disbursement 10 / 01 / 2010
	Mailing Address 7315 WISCONSIN AVE SUITE 310 EAST	Amount of Each Disbursement this Period 5000.00
	City BATHESDA State MD Zip Code 20814	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: SB23.39249 Date of Disbursement 10 / 07 / 2010
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

22500.00